

CONSUMER TASK FORCE DECEMBER 19, 2006 MEETING INDEX OF HANDOUTS

December 19, 2006 Agenda

November 28, 2006 Minutes

New York Times Article, **November 23, 2006**, Panel Calls for Big Changes in Medicaid

Consumer Task Force December 2006 Updates

Michigan's LTC Connections Evaluation PowerPoint Presentation

New HHS Web Site: Own Your Own Future

Developmental Disability Council's Request for Input on Legislative Event

Michigan's LTC Connections Informational Forum - January 22, Notice

Steve Gold: A Housing Victory - Information Bulletin # 184 (11/06)

**Consumer Task Force
November 28, 2006
Michigan Association of Community Mental Health Boards**

MINUTES

ATTENDEES: Tandy Bidinger, Jack Vint, Mike Daeschlein, Jacqui Day, Laura Hall, Sara Harrison, Susan Steinke, Nora Barkey, Mike Head, RoAnne Chaney, Robin Palmer, Esther VanHammen, Ruth Smith, Marion Owen, Wendi Middleton, Kate White, Rob Curtner, Tari Muñiz, Cathy McRae, John Jokisch, Bob Orme, Yuself Seegars, Marty Alward

HANDOUTS: Agenda, Minutes from October, Project Updates, 2007 Schedule of Meetings, Michigan's 2006 Real Choice Systems Transformation Grant Power Point Presentation

MINUTES - Tandy Bidinger's name was misspelled. Otherwise, there were not corrections to the minutes.

OFFICE OF LONG-TERM CARE SUPPORTS AND SERVICES UPDATE - There is a State hiring freeze that may slow up the Office's ability to fill needed positions. Existing positions funded by various grants should continue.

The Long-Term Care Conference for 2007 has been postponed until fall or spring 2008 due to staff commitments.

BRIEF PROJECT UPDATES/ISSUES/DISCUSSIONS -

- There was some discussion regarding the Long-Term Care Commission. Given the diversity of background of the Commissioners, it is taking some time to get all Commissioners oriented to Medicaid long-term care. It was suggested that issues be brought to the Commission's attention via the public testimony process.
- SPE Evaluation - Status reports of the progress of the evaluation will be reviewed by the Consumer Task Force, as well as the final report. It was suggested that Carol Barrett provide the same update to the Consumer Task Force as done at the Michigan's LTC Connections Informational Forum.
- Self-Determination Grant - The pioneer sites are close to begin enrollment in self-determination. Each site still needs to sign a contract with a fiscal intermediary. Preliminary work has been completed (training, budgets, plans). It was noted that the existing MIChoice per diem rate will include the fiscal intermediary fee. The 4 pioneer sites are: UPCAP, Detroit Area Agency on Aging, TriCounty Area Agency on Aging, and Burnham Brooks. Per the grant, Michigan indicated it would have 600 persons enrolled in self-determination by the end of the grant (September 2007). No new slots will be allotted for self-determination. Self-determination, in summary, means the

consumer can direct their own services, hire their own staff, and control their own budget.

- Independence Plus/Money Follows the Person - Rob Curtner wished to recognize everyone's efforts in promoting person-centered planning and self-determination. The flyer that was included in the project updates is for a workshop. Consumers wishing to attend this workshop and who require support, may contact MDRC. Comments on the implementation chart should be sent to Rob (curtnerr@michigan.gov). The Person-Centered Planning Practice and Guidelines should be ready for review by the next meeting. This project is not focused on seniors, but on the entire MIChoice population.
- The Aging and Disabled Resource Center grant is part of the Consumer Task Force review. This project is part of the Single Point of Entry update.

MEDICAID INFRASTRUCTURE GRANT AWARD - Michigan received a 5-year \$2M award to continue the Freedom to Work initiatives. There are currently 866 persons enrolled in Freedom to Work. The Medicaid Infrastructure Grant staff attended the Michigan Association of Reimbursement Officers conference and the national MIG conference in Chicago.

Tony Wong will be starting a new job at ARC of Michigan in December, as Director of Projects, but will still be involved in the Medicaid Infrastructure Grant project.

The issue of Freedom to Work individuals also participating in the MIChoice program was raised. This issue requires further clarification. It was suggested that the results of the Participant Experience Survey be shared with the MIChoice waiver agents as this document indicates that MIChoice enrollees do want, and are able to, work. RoAnne Chaney will pursue this with Pam McNab at the Medical Services Administration.

Per the Centers for Medicare and Medicaid Services, there are 2 types of Medicaid Infrastructure Grants - basic and comprehensive. The comprehensive grant is based on a percentage of the Medicaid money going to Freedom to Work. Michigan is getting close to making that cost effective (with the numbers of persons enrolled in Freedom To Work). This comprehensive grant is more involved, requires a strategic plan to be developed and approved.

SYSTEMS TRANSFORMATION GRANT - STRATEGIC PLANNING - The Systems Transformation Grant was awarded to Michigan to begin October 1, 2006. It is for \$2.4M over 5 years. A portion of that award is for a strategic planning process. The balance to be awarded once the strategic plan has been approved by the Centers for Medicare and Medicaid Services. The Office has begun internal work on the plan. Once the draft has been completed, it will be presented to CMS in June in Baltimore. There will be 4 workgroups based on the 3 goals and the project evaluation. The goals are: 1) Single Point of Entry, 2) Self-Determination in Long-Term Care, and 3) Finance Rebalancing. A planning retreat will be held in Lansing, in midMarch to develop the strategic plan, based on the four workgroups. Bob Mollica and Susan Reinhart (the technical assistance providers for this grant) will facilitate. Michigan Public Health

Institute will be the external evaluator. A logic model will be developed for each goal. Let Michael Daeschlein (daeschlein@michigan.gov) know if you are interested in participating in a workgroup and which goal you wish to work on. You must be able to attend the retreat and additional meetings. The Office anticipates a draft by midApril so the workgroups should be done by the end of March.

It was noted that, at one time, the Long-Term Care Task Force suggested using a State expert to chart the fund flow. This may be something to consider for this project.

This grant is mainly focused on the aging and persons with disabilities populations. People with developmental disabilities are more likely to be served by the community mental health boards. It was noted that many people do not fall neatly into either category. And, the decision of which waiver to be enrolled in should be consumer choice. It was also suggested that, if a person chose the MIChoice waiver over the Habilitation/Supports waiver, the community mental health system should transfer that funding to the MIChoice waiver. The LTC Connections staff needs to be educated in the various programs/waivers that are available as part of the options. In addition, the SPE needs to document where and why a person chose their option. This could identify policy issues. The external advocate could also provide information for the consumer to make an unbiased choice of options.

OTHER BUSINESS

- The Long-Term Care Commission has drafted two budget proposals, one for the 2007 budget and one for the 2008 budget, urging the Governor and Director of the Department of Community Health to 1) not cut overall LTC funding, and 2) to increase the long-term care funding for community-based services. In addition, there were 3 public testimonies regarding the community-based services funding issue.
- Michigan State Housing Development Authority (MSHDA) published a one-day opportunity to apply for Section 8 housing vouchers at four sites. MSHDA was not responsive to inquiries regarding this event. It was also noted that the aging and persons with disabilities populations were not included in their top four populations for their 10-year plan. There was also some discussion regarding MSHDA's definition of homeless. It was suggested that MSHDA provide a representative for the Consumer Task Force.
- The New York Times has an article on the Medicaid Commission Report. (See Jackie if you are interested in obtaining a copy of this article.)
- It was noted that the Habilitation/Supports 1915bc waiver (mental health) includes services for housing. Housing services (e.g., paying a delinquent heat bill) is included as a service under the 1915b waiver in lieu of a State Plan service. Such services are not allowed under the 1915c waiver. In addition, certain expenses are covered under Medicaid as a Nursing Facility Transition service, under special approval from the Centers for Medicare and Medicaid Services.

- Jack Vint noted that there was a family in Michigan that built a 10-unit complex, in honor of their daughter, specifically for individuals who use wheelchairs.

Next meetings: January 23, 2007, 10:00 – noon, Michigan Association of Community Mental Health Boards. **Please note that this will be a Holiday Potluck Dinner. Jackie Tichnell will follow up with this issue.**
February 27, 2007, 10:00 – noon, Michigan Association of Community Mental Health Boards

November 23, 2006

Panel Calls for Big Changes in Medicaid

By **ROBERT PEAR**

A federal advisory panel says that long-term care for aging baby boomers threatens to bankrupt Medicaid, and it recommends sweeping changes to rein in costs, including greater use of managed care for the sickest Medicaid recipients.

The proposals set up a likely clash between the new Democratic Congress and the Bush administration, which has sent strong signals that it will seek big savings in Medicaid next year.

Panel members adopted the recommendations last week, by a vote of 11 to 1, and are drafting a report to be submitted next month to Michael O. Leavitt, the secretary of health and human services. Mr. Leavitt created the panel in May 2005 and is receptive to many of its proposals.

The panel, known as the Medicaid Commission, said states should have more freedom to alter benefits and eligibility for the program, which serves more than 50 million low-income people.

Moreover, it said states should be allowed to enroll some of the sickest Medicaid recipients, including nursing home residents and people with disabilities, in managed care plans.

The panel said such plans "would provide a medical home and better coordinated care" for people entitled to both Medicaid and Medicare. Care is often fragmented now because Medicaid pays nursing homes while Medicare is the primary payer for doctors and hospitals, and in many cases "clinical data is not shared," the panel said.

People enrolled simultaneously in the two programs account for 13 percent of Medicaid recipients, but more than 40 percent of Medicaid costs. Medicaid, which is financed jointly by the federal government and the states, covers two-thirds of the nation's 1.6 million nursing home residents.

"The anticipated costs for long-term care services in this country threaten the future sustainability of the Medicaid program," the panel warned. It recommended that the federal government and the states provide new tax incentives for people to buy private

insurance covering the costs of long-term care, so they would not rely so much on Medicaid.

"Public policy should promote individual responsibility and planning for long-term care needs," said the panel, led by former Gov. Don Sundquist of Tennessee, a Republican.

More generally, the panel said states should be free "to consolidate or redefine eligibility categories" and should be given "greater flexibility to design Medicaid benefit packages."

The proposals drew a swift negative response from Democrats who will be responsible for Medicaid in the new Congress. Representative John D. Dingell of Michigan, who is in line to become chairman of the Energy and Commerce Committee, dismissed the panel as "a hand-picked commission stacked against working families."

Senator Max Baucus of Montana, the Democrat in line to lead the Finance Committee, said many of the proposals would make it more difficult for "the most vulnerable Americans" to get comprehensive care.

John C. Rother, policy director of AARP, the lobby for older Americans, said, "In some states, flexibility means cutting benefits."

But Christina Pearson, a spokeswoman for Secretary Leavitt, said, "He definitely supports more flexibility for states to meet the needs of different population groups."

Grace-Marie Turner, a commission member, said, "People who rely on both Medicaid and Medicare are the most vulnerable beneficiaries, but in most cases, nobody is coordinating their care." Even if a state wants to place them in managed care, it may take months or years to get federal approval, said Mrs. Turner, who is president of the Galen Institute, a research center focusing on health policy.

The commission said states should be able to place all types of Medicaid recipients in managed care without getting "a waiver or any other form of federal approval." But, it said, individuals should be able to "opt out" of managed care.

Gwendolyn G. Gillenwater, a commission member who is policy director of the American Association of People With Disabilities, an advocacy group, voted against the report.

"People with disabilities have not had good experience with managed care," Ms. Gillenwater said. "We need federal protections and safeguards. People with disabilities should at least have a choice of two managed care plans. And what are your choices if you opt out of managed care? The alternatives are getting more and more limited."

The panel said Congress should rewrite the Medicaid law to encourage the use of home care and community services, instead of nursing homes and other institutions.

In an interview, Angus King, the former Maine governor who is the panel's vice chairman, said: "We need to reverse Medicaid's institutional bias. Community care -- that's what people want. It's better for beneficiaries. And it's less expensive."

The panel urged the Bush administration to study a novel idea: increasing federal subsidies for low-income groups added to the Medicaid rolls, while scaling back subsidies for higher-income people added to the program. The panel said this would help achieve "Medicaid's core purpose," serving low-income people.

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CONSUMER TASK FORCE

UPDATE OF PROJECTS

DECEMBER 2006

Self Determination in Long Term Care
December 2006

We are working with the Single Points of Entry on person Centered Planning training for information and assistance and option counselors. Two sessions were conducted.

The coordinators from the four Pioneer Sites – UPCAP, Tri-count Office on Aging, DAAA and Burnham Brook, joined me at the Cash and Counseling annual meeting. The emphasis of the two-day meeting was to finalize the enrollment process along with the other 10 states receiving funding to develop this option.

We are determining which quality measurement instruments to use.

We are planning the training to phase in the rest of the state.

Each Pioneer Site is drafting contracts with fiscal intermediaries – who will serve as the neutral third parties who pay the bills for participants.

Participants have been identified and plans and budgets have been developed.

We expect to have the participants enrolled December 12, 2006 in Burnham Brook. The rest of the sites will have enrollees shortly after that. Each Pioneer Site has detailed enrollment plan.

Long-Term Care Supports and Services Advisory Commission

December 2006

Commission met on November 27. Discussed goals and activities for upcoming Commission retreat. The Commission will hold the retreat on February 26-27, 2007 in Lansing area in lieu of their regularly scheduled monthly meeting. The agenda will focus on building a broader understanding among Commissioners of the Task Force recommendations, issues orientation, developing a plan and establishing priorities for the conduct of Commission business in 2007. Engaging the public and stakeholders to a greater extent in ongoing activities will be a topic of discussion.

Public comment was made by Carolyn LeJuste of the Olmstead Coalition, Alison Hirschel of the Campaign for Quality Care, and a MI Choice consumer. Ms. LeJuste testified to the inadequate MIChoice reimbursement rate structure and the need to increase this reimbursement with the 2008 budget. She urged the Commission to provide a resolution to support a rate increase, both in the daily rate and in the overall appropriation. Ms. Hirschel urged the Commission to press for increased access to community care, stressing that many of the Task Force recommendations cannot be implemented unless community options are available. The MI Choice waiver consumer testified to the importance of the program in allowing her to continue residing in her rural home and participating in day-to-day family life.

A facilitated discussion was held to help Commissioners understand the complexity of long term care programs administered by the State. During this learning session, ex officio members from DCH, DHS, OSA and the State LTC Ombudsman office clarified their agencies' role in the delivery of long term care.

Commissioners were provided additional information about the strategic planning process required by the Systems Transformation Grant that Michigan was awarded in October. They will be asked to provide representatives to the four workgroups that will be established for the planning portion of the grant. The workgroups are: single point of entry, self-determination, financing/rebalancing, and evaluation.

Commission members unanimously authorized the Chair to submit budget recommendation letters to Governor Granholm. The first letter urges the Governor to spare long term care programs from reductions in the current fiscal year. The second letter requests the Governor set all long term care services and supports as a priority in her 2008 Executive Budget and to increase funding in community-based programs to accommodate choice and meet a growing demand and demographic need.

There is no Commission meeting in December. The next meeting is scheduled for January 22, 2007.

Michigan LTC Connections
December 2006

The Evaluation Powerpoint will be used for this month's update.

MQCCC Monthly Update December 2006

There are over 418 approved providers with 68 pending approval. The typical reason someone is still pending approval is that we are waiting on reference check information. Fourteen providers are inactive due to enough work which is always good news.

The number of consumers served is over 290.

We are almost done with meetings with Area Agencies on Aging and still working on our meetings with Centers for Independent Living/Disability Networks. The purpose of these meetings is to let these agencies know what services we provide and answer any questions they may have.

The Dementia Coalition is mailing 500 of their new Dementia Competencies Guide for Direct Care Workers to Providers of Home Help. The Dementia Coalition was kind enough to write us into a grant they receive to make resources like this available to this set of providers. If you would like to access this guide yourself, it is also available online at www.dementiacoalition.org. This grant runs on a calendar year so we will be mailing another 500 Guides next calendar year.

As of this meeting, the QC3 has trained 203 Home Help Providers on the Adult Abuse and Neglect Prevention curriculum. These trainings are well received and evaluated and cover topics ranging from what is abuse to de-escalation techniques. These are provided through a grant held by BEAM.

Medicaid Infrastructure Grant (MIG)

December 2006

There are presently 866 Freedom to Work (FTW) participants. This is up from 851 last month.

Joe contacted both Ed Kemp and Logan Dreasky to seek an answer of a person being on both MI Choice Waiver and Freedom to Work at the same time. Ed and Logan are following up with their eligibility staff and will advise us soon. Joe will follow up before the Consumer Task Force meeting on December 19 and share what we learn at that time.

MIG outreach: Marty has shared Work World diskettes with five individuals seeking their impression of user friendliness. WorkWORLD™ is decision support software for personal computers designed to help people with disabilities, advocates, benefit counselors, and others explore and understand how to best use the work incentives associated with the various Federal and State disability and poverty benefit programs. It automates the computation of benefits, and takes into account the complex interaction of income, benefit programs, and work incentives. Marty is also researching a similar tool used in California at www.disabilitybenefits101.org. The MIG is trying to determine which tool would best enhance Michigan's efforts to assist and encourage people with disabilities to effectively have greater earnings.

In addition, Marty will be doing a joint presentation with Karen Larsen, SSA Area Work Incentives Coordinator, in January or February at both Goodwill Industries in Grand Rapids and Peckham in Lansing.

A Think Work! Summit was held on December 5, 2006, at Kellogg Center to continue focusing both MIG and MI Job Coalition efforts to reduce barriers to employment for people with disabilities. Fifty-nine (59) people attended representing DLEG Navigators, Work Incentives Planning Assistance grantees, MIG, Michigan Business Leadership Network, Workforce Development offices, Montcalm Intermediate School District, and others. Updates were provided by work groups from previous Think Work! Summits. The work groups include spend down, "clearinghouse" (on work/benefits related information), work as an expectation, and creating a pilot to remove "work" (SGA) from the criteria for SSDI recipients such that they could work freely without losing their SSDI check.

A Michigan Business Leadership Network (www.mibln.org) training was held on December 6, 2005, to "kick off" the creation of local community business leadership networks. Katherine McCary, USBLN President with Suntrust Bank, and Leslie Wilson, Wilson Resources-Florida, lead presentations on the values of Business Leadership networks. Both underscored that businesses are hiring culturally diverse individuals with (including people with disabilities) because it makes "Good business sense." The marketing perspective of the disability market shows:

- 2006 annual aggregate spending of people with disabilities in US estimated at \$1 trillion
- Adding parents, siblings, children, friends, co-workers, and neighbors expands this to \$3 trillion
- \$220 billion in discretionary spending (larger than the teen market)
- A recent survey shows:
 - Companies that hire people with disabilities are perceived by almost all of the public (93%) as more favorable than companies that do not hire people with disabilities.
 - Americans (88%) agree that they would prefer to give their business to companies that hire people with disabilities.
- Local Business Leadership Networks and starting in Detroit, Lansing, Washtenaw County/Ann Arbor, and much interest is shown in Holland, Midland, and Grand Rapids.

Independence Plus (IP) and Money Follows the Person (MFP) Grants

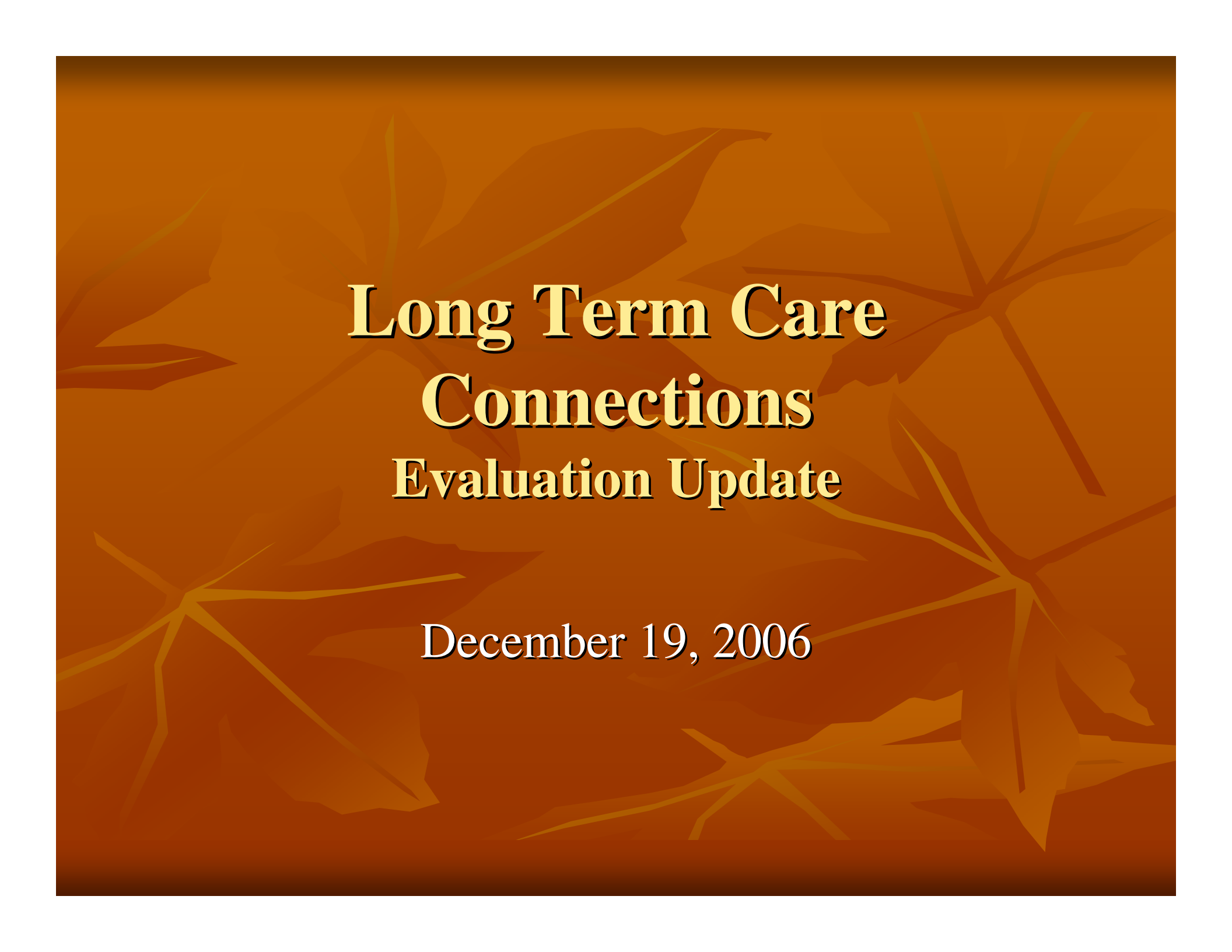
December, 2006

Money Follows the Person is gearing up to provide training for the staff of the new Single Point of Entry and the Mi-Choice Self Determination Programs on Principles of Self-Determination and Person-Centered Planning. A relatively large number of field staff from participating agencies will need to develop awareness, knowledge and skills as they begin to participate in these new services.

The agency level and the State level Policy and Practice Guidelines for Person-Centered Planning in Long-Term Care are in drafts and are available for your review and comment. Your comments regarding the PCP in LTC Implementation Pathway distributed at the November meeting are still welcome.

The Olmstead Coalition has issued “Principles of Implementation” for Managed Care within the Medicaid LTC system. This document makes clear important principles and features to utilize while implementing a Managed Care option. This document, along with consumer and advocate input will be part of the development work on the 1915bc waiver application. At this time, the elements of a concept paper are being pieced together for discussion purposes. The published evaluation studies of the Wisconsin Family Care Program have been a source of information and direction in researching the lessons learned and benefits of this approach to providing Home and Community Based Services.

The Independence Plus activity at this time continues to coordinate training for Self-Determination Implementation for both the Mental Health and LTC systems. Technical Advisory documents are being re-written and updated to fully explain how the Self-Determined options can be implemented in Michigan. Ellen Sugrue-Hyman is handling much of this editing. The January 9 Self-Determination Implementation Leadership Seminar is next in this series of training events.



Long Term Care Connections Evaluation Update

December 19, 2006

First Steps

Review evaluation goals and requirements

- ADRC Work Plan Goals
- SPE contract Indicators
- Legislative Indicators
- Grantee Contract Work Plan
- Stakeholder Goals

Build an Evaluation Model

- The model should provide the structure to ensure that all requirements are met
- The model should be flexible enough to be altered over time as changes take place within and outside the system
- The model should be built with input from all stakeholder groups
- The model should promote efficiency in data collection

Components of Evaluation

- Functional process issues with Long Term Care Connections
- Consumer issues
- Provider issues
- System change on a state and local level

Functional Process Issues-How Well Do These Processes Work

Are consumers able to:

- Access the system with one call?
- Receive information within designated timelines?
- Receive unbiased and accurate information?
- Make choices from multiple options?
- Be referred for assessment and options counseling if eligible?

Functional Process

(Adapted From ADRC-TAE)

First Call

Basic Info

Assessment

Options

Eligibility

Access

Monitoring



Consumer Issues

- Process is consumer focused
- Consumer has access to information and choices
- Consumers understands information, choices and implications
- Consumer is actively involved in planning
- Consumer is satisfied with decisions

Provider Issues

- Providers understand Single Point of Entry
- Providers feel that information reported to consumers is unbiased
- Providers actively embrace the concept and participate in its implementation
- Providers have the ability to represent their concerns

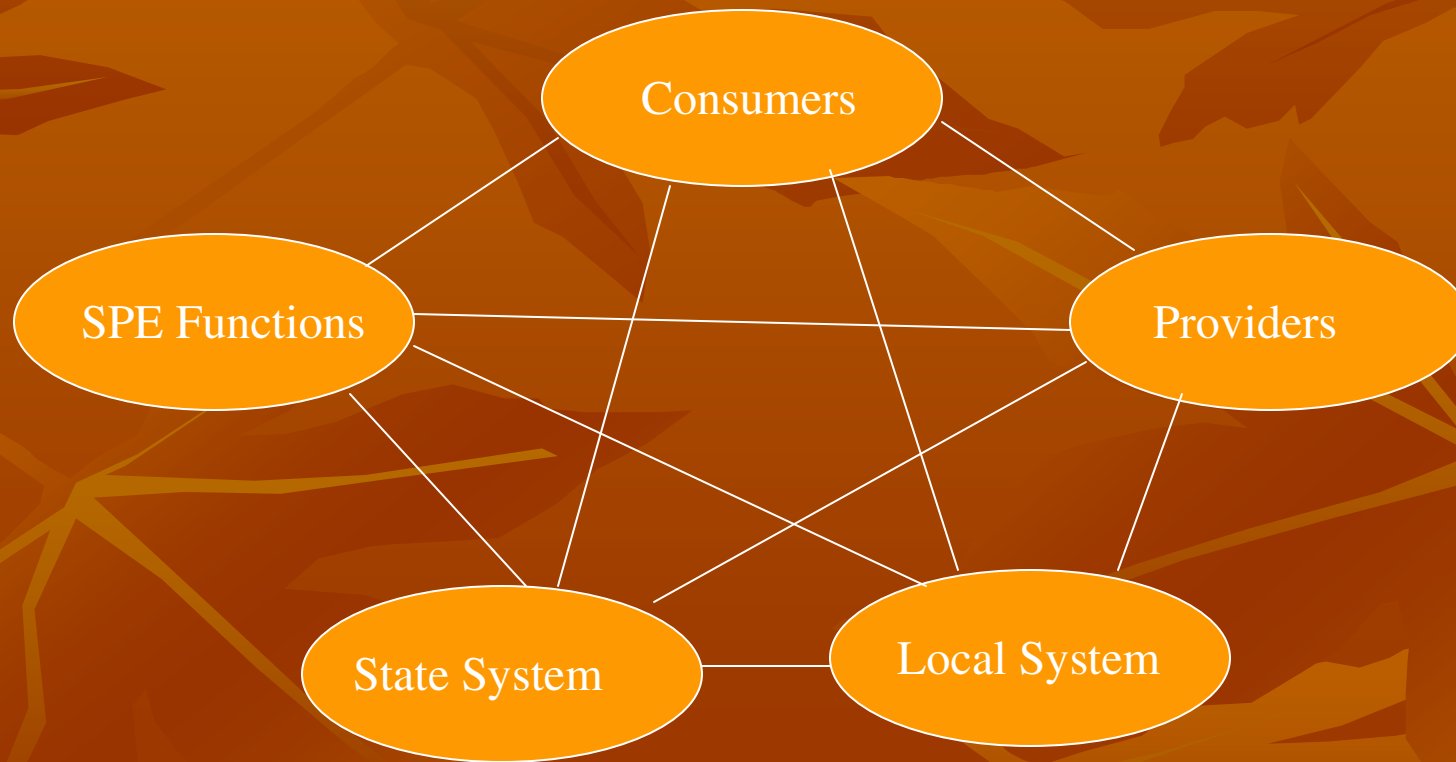
System Change on a State Level

- How effective are the new tools for I&A, assessment, eligibility determination, options counseling?
- Are there changes in funding priorities?
- Is there practical support for consumer-focused planning?
- Should the SPE process be expanded to other areas?
- Does the SPE process work well in all areas, urban, rural and isolated?

System Change on a Local Level

- Is it truly a seamless system?
- Is there greater collaboration between agencies
- How often is options counseling accomplished and who is using it? (medicaid and private pay)
- How do the preferences and choices of consumers impact services offered in each region?
- What adjustments are needed over time in the SPE system?

Evaluation Interaction Points



Discussion Points

- What do you feel is important to evaluate in each segment of the evaluation?
- What do you need to know?
- What do you want to know?
- What information will help you the most as you plan for the future?

From: Kate White

**HHS LAUNCHES NEW WEB SITE PROMOTING
LONG-TERM CARE PLANNING
Essential Planning Tool to Help Americans Own Their Own
Future**

HHS' Assistant Secretary for Aging Josefina G. Carbonell announced a new Web site that will make it easier for consumers to get the information they need to plan for long - term care. The National Clearinghouse for Long - Term Care Information Web site provides comprehensive information about long-term care planning, services and financing options, along with tools to help people begin the planning process.

The clearinghouse Web site is designed to increase public awareness about the risks and costs of long-term care and the potential need for services, and to provide objective information to help people plan for the future. The clearinghouse Web site was designed by HHS' Administration on Aging (AoA), Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE).

The new Web site also supports the "Own Your Future" education campaign, a joint federal-state initiative designed to increase consumer awareness about planning for long-term care. HHS recently announced new federal-state partnerships with several states designed to help Americans take an active role in planning ahead for their future long-term care needs.

For more information about the "Own Your Future" campaign and the National Clearinghouse for Long - Term Care Information, please visit www.longtermcare.gov



KEY TALKING POINTS

from the
Michigan Developmental Disabilities Council

1033 S. Washington Ave., Lansing, MI 48913

517-334-6123 (voice) 517-334-7353 (fax)

michigan.gov/ddcouncil vanhornr@michigan.gov

The Issue: Michigan's Budget

The state has already made big cuts to services. These cuts are being felt all across the state.

When legislators are making decisions about the budget, the health and welfare of people with disabilities should be a high priority.

ACTION NEEDED on Michigan's Budget

Ask your legislator to commit to a state budget that funds the

Personal Story

I am a citizen of this state. I vote and I participate in my community. I voted in the 2004 election and I will vote again this year. I depend on Medicaid services, public transportation and subsidized housing. My elected officials need to understand this and support and fund these vital programs.

services you need.

The Issue: Family Support

Family support can be respite services, financial support such as the Family Support Subsidy, or help that maintains the family unit.

Respite care is temporary care provided to people with disabilities so that their families can take a break from the daily routine of care giving.

ACTION NEEDED on Family Support

Tell your legislator to:

- Increase the number of hours of respite care available.
- Improve rates of pay for caregivers.
- Provide training to caregivers to increase the quality of care.
- Improve the variety and availability of services available throughout Michigan.

The Issue: Health

Medicaid is an essential health insurance program for many people with disabilities.

Medicaid cuts hurt and deny us important services. The Michigan League for Human Service's document, *Medicaid Under Siege*, compares Michigan's Medicaid spending with other health insurances.

Medicaid's per person spending has grown at a slower rate than any other health insurance.

ACTION NEEDED on Health

Tell your legislator:

- *Please* no more cuts to Medicaid.

- Make sure your legislator knows how Medicaid affects your life (Home Help, dental, prescription medications, Assistive Technology).
- Tell your legislator how your life would change if you didn't have Medicaid.

The Issue: Housing

There is a lack of accessible, affordable housing for persons with disabilities. Many people need supports and services to live on their own.

Real choices in housing are not always available. We want choices about where and how we live.

Personal Story

Last month the filling fell out of my tooth. I haven't been to the dentist since Medicaid stopped paying for it. Now Medicaid dental is back, but my dentist won't accept Medicaid anymore. He said it doesn't pay enough. I have called all the dentists in town, but none will help me because they don't receive adequate reimbursement from Medicaid. As a legislator, you can (1) insure that rates paid to a Medicaid dental care provider are equal to those paid by private carriers, and (2) legislate incentives for dentists who do provide care for Medicaid patients.

ACTION NEEDED on Housing

Tell your legislator:

- Lack of affordable, accessible housing may mean going to a nursing home.
- Community living is cheaper than nursing home living, but programs such as Medicaid's Home Help needs more funding.

- How important it is that new residential construction be “visitable.” Visitability allows seniors and people with disabilities to visit friends and families. Features like zero step entries and wider doors make life easier for everyone.

The Issue: Long-term Care

Long Term Care is supports and services that people need to live, such as nursing assistance, personal care, and meals and housekeeping.

Many persons with disabilities rely on Long-Term Care services.

Personal Story

My SSI check is \$585 a month. My rent is \$450 a month. I don't have enough money left to pay my bills or buy food. I need subsidized housing but the waiting list is three years. I cannot get on the Section 8 housing wait list. Legislators need to increase availability of accessible, affordable housing.

Community living is cheaper and preferred by most persons with disabilities over institutional care.

At this time, policymakers limit funding for community living in favor of nursing homes.

ACTION NEEDED on Long-term Care

Tell your legislator to:

- Shift funding from institutions to the community.
 - Create a simple way to access community services.
 - Make sure the support system is funded so that you can hire someone to help you to live in the community.
-

The Issue: Transportation

Persons with disabilities need accessible, affordable, reliable transportation.

Until transportation is available 24/7 in Michigan, we are attempting to fill the gaps in different ways.

ACTION NEEDED on Transportation

Personal Story

I expect to get a full-time job soon, and will require supports to help me get around and get ready to go to work each day. Thankfully, Medicaid/Medicare will provide that support, which is another path to my independence. My wheelchair and public transportation are the key to my independence. Legislators need to make certain accessible transportation is funded so people can get to and from work.

Tell your legislator to:

- Encourage development of regional systems.
- Require more consumer membership on Local Advisory Councils.
- Stop taking transportation money for other purposes.
- Fund a rail system connecting Michigan's metro areas.

The Issue: Multicultural Awareness

Persons with disabilities of ethnic minority groups often don't receive the services available due to cultural differences.

Little attention is paid to understanding the cultural needs of persons with disabilities who are members of ethnic minority groups.

The goal of the DD Council is to increase cultural competency as it relates to disability issues.

ACTION NEEDED on Multicultural Awareness

Tell your legislator to:

- Expand opportunities for minorities to participate in public policy.
- Promote policies, programs, and practices that guarantee equal opportunity for all people with disabilities.
- Consider people with disabilities when filling positions on your staff.

The Issue: Education

Michigan's two-tiered (regular ed vs. special ed) educational system is costly and ineffective.

We believe that educating all students, all together, all the time is the solution.

Let your legislator know about your own education experiences.

ACTION NEEDED on Education

Tell your legislator to:

- Support implementation of Universal Education by the Michigan Department of Education.
- Assure adequate funding for all students.

The Issue: Employment

While MI already has a higher than average unemployment rate, the unemployment rate for people with disabilities is dramatically higher (70%) because:

- Misperception of disability/ stigma of people with disabilities as undesirable employees, requiring too much support to make it worthwhile to hire them.
- Discrimination.
- People with disabilities fear that if they work they will lose benefits they need to survive such as Medicaid and SSI.
- Inadequate or ineffective assistance from agencies that are supposed to provide job training, etc.

ACTION NEEDED on Employment

Tell your legislator to:

- Create incentives for employers to hire/retain people with disabilities.
- Improve employment services for people with disabilities, such as those from local community mental health agencies, Michigan Rehabilitation Services and Michigan Works!
- Strengthen programs such as Ticket to Work and Freedom To Work, which help people with disabilities work without losing essential benefits.



**YOU ARE INVITED TO ATTEND
THE
MICHIGAN'S
LONG-TERM CARE CONNECTION
("SINGLE POINT OF ENTRY")
INFORMATIONAL FORUM**

**January 22, 2007
Capital View Building
Conference Rooms A, B, C
210 Townsend Street, Lansing, Michigan
(Driving directions on back)**

10:00 am – Noon

An informational session for stakeholders and persons interested in learning about the newly forming Michigan Long-Term Care Connection (Single Point of Entry) for long-term care services in Michigan. Presentations will be followed by a question and answer period.

**Sponsored by the Office of Long-Term Care Supports & Services
Michigan Department of Community Health**

For More Information: 517.373.3860 or thelen@michigan.gov **RSVP not required.**

The Michigan Long-Term Care Connection (Single Point of Entry) will be a highly-visible and trusted source of information and assistance about long-term care, aiding Michigan residents with planning and access to needed services & supports, in accordance with their preferences.

DRIVING DIRECTIONS

January 22, 2007 Capital View Building, Conf Rooms A, B, C

210 Townsend Street, Lansing, Michigan

The Capitol View Building is located on the southeast corner of West Allegan Street and Townsend Street. Parking is available, for a fee, in two city-run parking ramps. One ramp is located on Townsend Street, adjacent to the Capitol View Building. The other ramp is at the corner of West Allegan Street and South Capitol Avenue. Parking is also available at meters throughout the downtown area.

From Grand Rapids: Take I-96E to I-496E. Follow I-496E to the Pine Street Exit (Exit 6). Follow the off ramp to West Main Street and continue down West Main Street. Turn left on to Walnut Street (see map below).

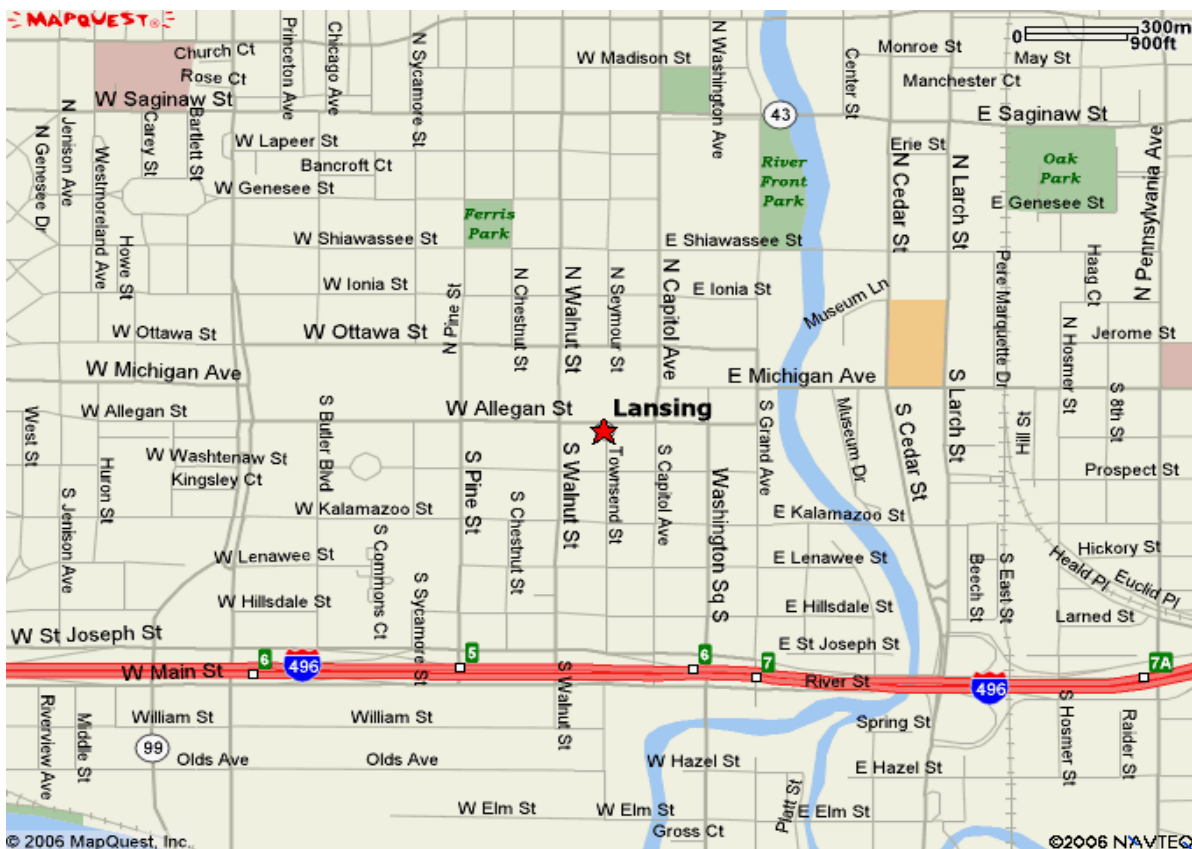
From Clare and Points North: Follow US-127S to I-496W. Take I-496W to the Walnut Street Exit (Exit 6). Follow the off ramp to West St. Joseph Street and continue on St. Joseph Street for one block. Turn right on to Walnut Street (see map below)

From Flint: Take I-69W to US-127S. Follow US-127S to I-496W. Take I-496W to the Walnut Street Exit (Exit 6). Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Detroit: Take I-96W to Lansing which runs right into I-496W. Get on I-496W and continue to Exit 6 which is Walnut Street. Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Jackson and Points South: Take US-127N from Jackson to Lansing. At I-96, I-496 will join US-127N. Follow I-496W to the Walnut Street Exit (Exit 5). Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Southwest Michigan (Kalamazoo-Benton Harbor-St. Joseph Area): Travel North on I-69 to Lansing. Follow I-69 to I-496E. Follow I-496E to the Pine Street Exit (Exit 6). Follow the off ramp to W. Main Street and continue down W. Main Street. Turn left on to Walnut Street (see map below)



A Housing Victory - Information Bulletin # 184 (11/06)

Date Mailed: Tuesday, November 21st 2006 11:49 AM

Category: Housing

A Housing Victory - Information Bulletin # 184 (11/06)

On November 20, 2006, after four years of struggle, the Pittsburgh Three Rivers Center for Independent Living and the Housing Authority of the City of Pittsburgh entered a Court approved class action Settlement Agreement. This victory follows several losses in court and shows what can be accomplished when local disability advocates vigorously fight for accessible, affordable, integrated housing and when they are truly committed to enforce the civil rights in Section 504 of the Rehabilitation Act.

The Settlement Agreement requires substantial number of UFAS (Uniform Federal Accessibility Standards) public housing units to be developed by the Housing Authority. Specifically, 321UFAS accessible units will be developed from the Housing Authority's existing housing inventory. These will reflect the full range of both bedroom sizes and geographical locations. These will also result in 10% of the public housing for seniors and 5% for families be fully UFAS accessible.

It also requires private developers in Mixed-Income Communities receiving public housing subsidies have 10% of their existing units UFAS accessible.

Further, HA's planned new housing shall have 10% of the units UFAS accessible, thus increasing the overall public housing inventory to above 8% UFAS accessible.

Regarding the Housing Authority's obligations to "maximize the occupancy of UFAS accessible units" by individuals needing these units, the Settlement Agreement goes beyond the federal regulations. For example, it provides that persons who need accessible units may apply for the "first available" accessible unit in any of HA's projects and be placed on all waiting lists, and information regarding all of the accessible units will be made available.

The Settlement Agreement puts the Three Rivers Center for Independent Living at the table with the HA and any private developers. For example, if the HA has an accessible unit

and does not know of a person who needs it, the HA shall notify TRCIL "before leasing such unit" to a nondisabled person "in order to allow TRCIL to locate a person who needs and qualifies for such a unit."

The HA agreed to work with TRCIL to assure that residents in nursing homes with disabilities are afforded equal access to accessible units.

Disability Advocates:

There are many, many public housing authorities throughout the country that violate Section 504 of the Rehabilitation Act because they do not have at least 5% of their units UFAS accessible and have not maximized occupancy of accessible units. The question is why other Centers for Independent Living and other disability advocates have not accomplished or even tried to achieve these results for persons with disabilities in their communities, especially since HUD in the spring, 2006 allocated \$2.2 billion for capital improvements. See HUD Allocates Capital Funds and Accessible Units, Information Bulletin #163.